

**LAW ENFORCEMENT AGENCY (LEA)
SMALL ARMS REQUEST**

ORI: _____

DODAAC: _____ AGENCY NAME: _____

SMALL ARMS POC: _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

TYPE OF SMALL ARMS REQUESTED AND QUANTITY OF EACH TYPE						
	M16 (M16, A1, A2)	M14	PISTOL (glock, .45, .38)	REVOLVER (stub nose or no)	SHOTGUN (1200, M1912, M870, Model 162)	SUPPRESSOR
Quantity:						
OTHER (State type)						
Quantity:						

******NOTE:** The Small Arms justification memorandum must accompany this request.

By signing this document, the Chief Law Enforcement Official or Head of Local Federal Agency (Supervisor/Regional Agent in Charge/ Special Agent in Charge (RAC/SAC)), certifies that the requesting agency listed above has the appropriate funds, safety and operational training required to operate and maintain the requested small arms. This agency certifies that all information contained above is accurate and the request for small arms is warranted and has been approved.

CHIEF LAW ENFORCEMENT OFFICIAL
OR HEAD OF LOCAL FEDERAL
AGENCY (SUPERVISOR/RAC/SAC):

PRINTED NAME

SIGNATURE

DATE:

STATE OR FEDERAL COORDINATOR USE ONLY

STATE OR FEDERAL COORDINATOR:

PRINTED NAME

SIGNATURE

DATE:

LESO USE ONLY

LESO OFFICIALS:

SMALL ARMS SPECIALIST (SIGNATURE)

LESO PROGRAM MANAGER (SIGNATURE)

LESO DIVISION CHIEF (SIGNATURE)

DATE:

DATE:

DATE:

LESO NOTES:

OF OFFICERS: _____ # OF SMALL ARMS : _____

COMPLIANCE LIAISON USE ONLY: (DOJ REVIEW) LEA IS NOT SUSPENDED: _____ INITIALS & DATE VERIFIED: _____